

ANNUAL REPORT

2009 – 2010



CHURCHILL RHA INC.

SUBMITTED: SEPTEMBER 1, 2010

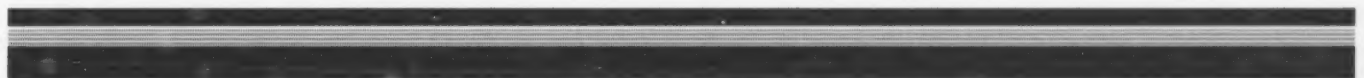
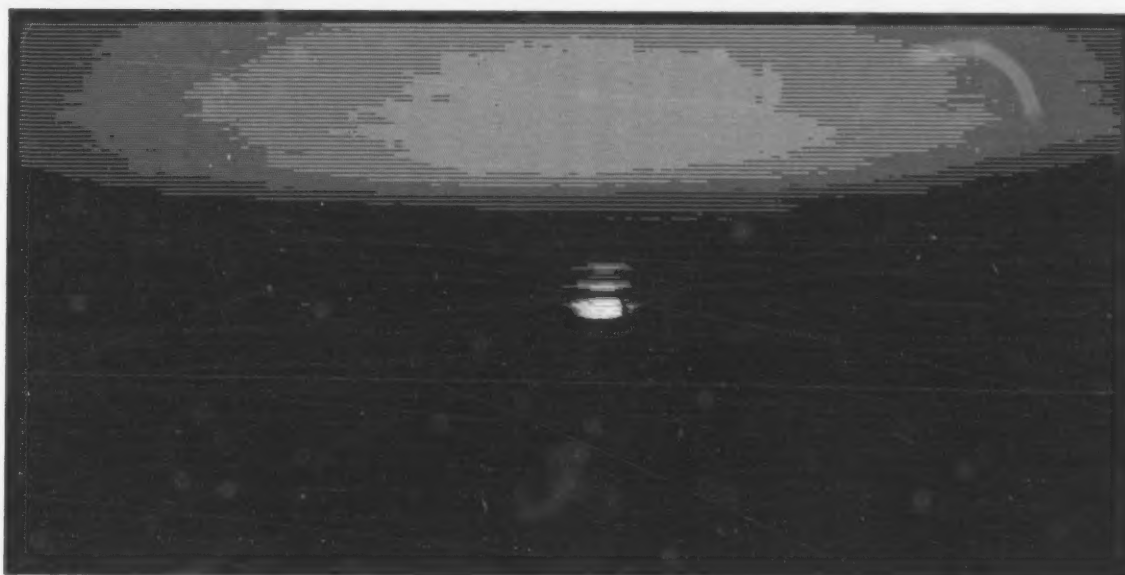


Table of Contents

| | |
|--|----|
| Letter of Transmittal & Accountability | 3 |
| Message from the Chief Executive Officer | 3 |
| Board Governance | 4 |
| Advisory Council | 8 |
| Senior Executive Team | 9 |
| Our Organization | 10 |
| Our Performance | 12 |
| Financial Statements | 32 |
| Public Sector Compensation Disclosure | 37 |
| Administrative Cost Disclosure | 37 |
| The Public Interest Disclosure – Bill 34 | 38 |
| Programs & Services Contact Numbers | 39 |



Courtesy of Tzipporah Meijering

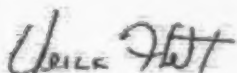
Letter of Transmittal

Honorable Theresa Oswald
Minister of Health

We have the honour to present the annual report for Churchill RHA Inc. for the fiscal year ended March 31, 2010. This annual report was prepared under the Board's direction, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material, economic and fiscal implications known as of August 31, 2010 have been considered in preparing the annual report.

The board would like to acknowledge the work that has been done in the past year by the management team and staff, community volunteers and our partners. We also wish to acknowledge the work of Sean Kernaghan and Bernadette Tattuinee who have both completed their terms of service on the Board of Directors. On behalf of the entire Board we thank you.

The Churchill RHA Board of Directors has approved the content of this report for publication.
Ekosi



Verna Flett, Chair
Board of Directors

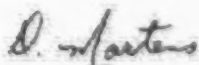
CEO Message

It is my pleasure to provide a brief overview of the Annual Report documenting our continued progress toward the Board's vision *to be recognized as a centre of excellence for our unique model of northern health and wellness*. An accounting of our achievements in our programs and services is shared in the Report along with the challenges we have experienced and our future directions.

I wish to express my gratitude to the staff of the RHA, the physicians of the Northern Medical Unit and our volunteers for their commitment and dedication to the patients and clients of Churchill and Nunavut who entrust themselves to our care. These people continue to be the RHA's greatest strength and most valuable resource. Thanks also to the RHA Board for their support and encouragement, Manitoba Health for their leadership and to our community and affiliated health organization partners.

The financial report reflects another year of judicious management of fiscal resources resulting in a positive variance at year end. It must be noted however that vacant positions account for most of that variance. Another Community Health Assessment was completed and presented this year. A new five-year Strategic Plan was developed in June based on the information from the Assessment. Priorities have been identified and goals established to enable us to continue to move forward over the next five years.

I am looking forward to another year with the staff and Board of Directors striving to realize our Mission "*Working together for the better health of everyone we serve.*"



Derry Martens, CEO

Board Governance



Ms. Verna Flett - Board Chair Verna was born and raised in Churchill with the exception of the years that she attended Brandon University. Verna is employed at the Duke of Marlborough School in Churchill since 1991. She has been the School Counselor since 2002. Ms. Flett was an active member of Teens Against Drunk Driving and the Executive Council for the York Factory First Nations. She also co-chaired the local Healthy Child Manitoba Committee and was a member of Town Council for six years.



Mr. Sean Kernaghan - Vice Chair Sean was born and raised in Churchill. He is an Industrial Electrician, a trade he acquired through the Port of Churchill where he had worked for 10 years. He is currently employed by the Town of Churchill. Sean has previously served as a Councilor for the Town of Churchill from 1998 - 2002. Sean helps out with the local Senior Men's Hockey League.



Ms. Doreen Macri - Board Member Doreen was born and raised in Brandon, Manitoba, receiving a Diploma in Dental Hygiene in 1972 and a Bachelor of Science in 1975. She moved to Churchill in 1977 to work as a dental hygienist. Here she met her husband Mike and raised their daughter Angela. Together they own and operate Sea North Tours. Doreen is currently the Telehealth Coordinator at the Churchill RHA.



Ms. Bernadette Tattuinee - Board Member Bernadette was born in Churchill and raised in Arviat. She has worked as a Calm Air agent and spent terms as an adult educator for the GNWT. A number of years ago she also spent time managing an Elders home which she enjoyed very much. She has been the Constituency Assistant to the Nunavut Member of Parliament and has spent the past few years furthering her education.



Mr. David Daley - Board Member David was born and raised in Churchill. He and his wife Valerie own and operate the Wapusk General Store and Wapusk Adventures in Churchill. He is a past president of the Churchill Chamber of Commerce and has worked for Calm Air for many years as an aircraft engineer. An avid dog musher, he is a founder and organizer of the Hudson Bay Quest dog sled race.



Ms. Catherine deMeulles - Board Member Catherine was born and raised in Churchill. She is a member of the Provincial Aboriginal Advisory Committee and an active volunteer with the Manitoba Metis Federation. She previously owned and operated a private business and is currently employed with Stittco Energy and works part time as a bookkeeper. Catherine enjoys life in a small community and spends time on crafts, curling, traveling and entertaining friends.

Board Role

In compliance with the legislative authority as outlined in The Regional Health Authorities Act, the seven member Board of Directors of Churchill RHA is responsible to the Minister of Health and provides leadership and governance to the organization by establishing the Vision, Mission, Values and Board ENDS. The Board ensures accountability by monitoring the organization's performance and engaging in communication with the public and stakeholders.

The Board engages in an annual self-evaluation exercise. A standing agenda item ensures that all Board policy is reviewed annually as are the RHA by-laws. Board members pursue ongoing education including:

- New member orientation sessions at Manitoba Health.
- Annual Rural and Northern Education Day.
- Annual Provincial Health Leadership Form.

Board meetings are held monthly with meeting notices posted in the community. They are open to the public with a standing agenda item for public participation. Minutes are posted in the facility and on the website at www.churchillrha.com.

Manitoba Health Goals

Goals:

- Optimize the health status of Manitobans through prevention and health promotion
- Improve quality, accessibility and accountability of the health system
- Achieve a sustainable health system

Board ENDS

The annual review of the Health Plan and Board ENDS was completed in June as part of the Strategic Planning Day. The broad goals (ENDS) of the Board are aligned with the RHA's Health Plan and Strategic Plan and are congruent with Manitoba Health's Mission and goals.

The **Board ENDS** as stated are:

The people serviced live in environments conducive to good health.

The organization strives to maintain a stable human resource base.

The people of Churchill and Nunavut have optimal access to quality services.

The organization strives for excellence in patient safety and quality care.

Churchill RHA: Mission, Vision and Values

MISSION

Working together for the better health of everyone we serve.

VISION

To be recognized as a Centre of Excellence for our unique model of Northern Health and Wellness.

VALUES

WE VALUE OUR CLIENTS

WE VALUE SERVICE TO THE WHOLE PERSON

WE VALUE STRONG LEADERSHIP, COMPETENT GOVERNANCE AND MANAGEMENT

WE VALUE LEARNING

WE VALUE QUALITY IMPROVEMENT AND SAFETY

WE VALUE FISCAL RESPONSIBILITY AND ACCOUNTABILITY

WE VALUE BEING DIFFERENT

WE VALUE OUR COLLEAGUES

WE VALUE TEAMWORK AND STRATEGIC ALLIANCES

WE VALUE OPENNESS AND COMMUNICATION

Board Role

The Board assures itself of the implementation of the Annual Health Plan, provides oversight to the appropriate allocation and control of fiscal resources and that systems to ensure legislative compliance are maintained through the following processes and committees:

Finance and Audit Committee

- Reviews the annual budget and recommends to the Board.
- Reviews and approves the audited financial statement and auditor's report.
- Provides oversight of internal controls.

Committee of the Whole

- Reviews monitoring reports on quality and risk management indicators.
- Monitors results of service initiatives.

Ethics Committee

- Provides opportunity and processes to identify and examine ethical issues.
- Promotes awareness of ethics through education.

Senior Executive Team

- Provides monthly reports to the Board.
- Monitors and maintains program budgets.
- Monitors quality, patient safety and risk management initiatives.

External Auditors

- Assess the accurateness and appropriateness of accounting policies and practices, estimates and disclosures.
- Review internal financial control systems.
- Identify areas of risk or concern to the Board.

Executive Limitations

- CEO compliance is monitored on a monthly reporting schedule.

Community Consultation

Churchill RHA Advisory Council

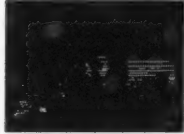
- Receives feedback from the community on health service issues.
- Provides advice to the Board on programs and services.

The community has been engaged in consultation with the Board in a number of different venues in the past year. Town Hall Meetings took place as part of the Community Health Assessment process and the response to pandemic H1N1. In addition community stakeholders participated in the Strategic Planning Day.

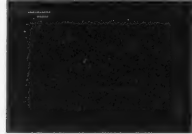
Focus group consultations with Churchill residents occurred in the spring and fall of 2009. The following community groups were involved:

Youth, Elders, Families R Us participants, Inter-Faith Groups, RCMP, Business organizations, Town Council and Frontier School Division.

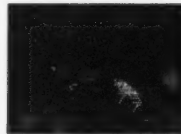
Churchill RHA Advisory Council



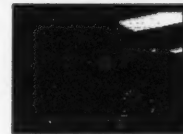
Heather Botelho
Advisory Chair



Edna McGillivray



Lenore Johnson



Dianne Erickson



Cpl. Mike Boychuk

The Advisory Council is made up of seven members appointed by the Board of Directors. Membership on the Council is voluntary and members receive no remuneration for this service to the RHA. Recruitment is underway to fill two vacant positions. The Council meets four times a year.

The Advisory Council is a vital link for community engagement in health system planning. Through feedback and recommendations from the community the Board is assisted to prioritize issues and direct management decisions regarding the allocation of resources.

Some activities the Council has been engaged in over the past year include:

- A review of Board ENDS.
- A review of the existing Strategic Plan.
- Participation in the development of the new five year Strategic Plan.
- Discussion regarding broadening the focus of the Diabetes program to a Chronic Disease Management program.
- A review of the Pandemic Plan.
- Discussion of H1N1 issues and the need for infection control education in the community.
- Discussion regarding possible uses for the old school building as a health program venue.
- Reviewed the Community Health Assessment and discussed areas of priority focus.
- Discussion of the expansion of Services for Seniors.

Senior Executive Team



Top Left:

Ron Sweeney, Director of Human Resources

Derry Martens, Chief Executive Officer

Michel Petit, Director of Community Services and Chief Planner

Bottom Left:

Bobbi Sigurdson, Chief Finance Officer

Patti MacEwan, Director of Clinical Services

Management Responsibilities for Annual Reporting

The management of Churchill Regional Health Authority Inc. is responsible for the integrity of the accompanying financial statements and related information in this Annual Report. The financial statements have been prepared by management in accordance with generally accepted accounting principles in Canada, and include certain amounts that are based on the best estimates and judgments by management.

In order to meet its responsibility and ensure integrity of financial reporting, management maintains accounting systems and appropriate internal controls designed to provide reasonable assurance that assets are safeguard, transactions are authorized and recorded, and that the financial records are reliable.

Final responsibility of the financial statements and their representation rests with the Board of Directors. The Audit Committee of the board meets periodically with management and the external auditors to review audit results, internal controls and accounting policies. In addition, the Audit Committee meets separately with management and the external auditors, BDO Dunwoody LLP, to review the annual financial statements and recommend approval by the Board of Directors.

BDO Dunwoody LLP, an independent firm of auditors appointed by the Board of Directors, has completed its audit and submitted a report as presented.

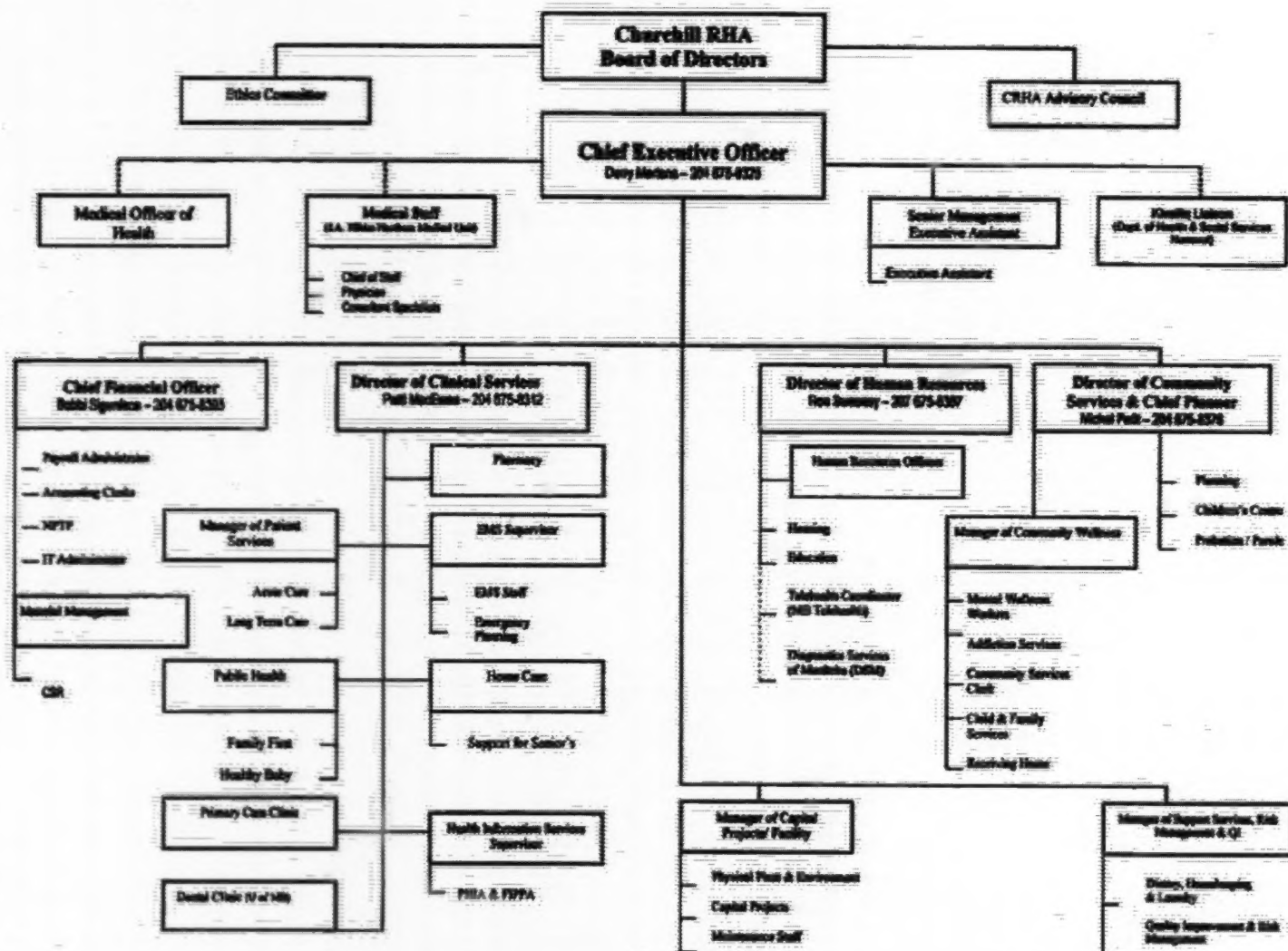
On behalf of Management

Derry Martens
Chief Executive Officer
August 31st, 2010

Bobbi Sigurdson
Chief Financial Officer
August 31st, 2010

Revised July 2010

Churchill RHA Inc. Organizational Chart



There has been no significant changes to the organizational chart or Advisory structure for 2009/10

Community Health Assessment Highlights

The unique characteristics of the community in which we live have a significant impact on our health and our ability to manage our own health. The community characteristics also impact health service planning and delivery.

Churchill has historically been a unique community in Manitoba due to the transient nature of the local population. The general population is comparatively young and employable. Major health concerns in Churchill center around chronic disease management, mental and physical wellness and the need for healthier lifestyles in order to prevent illness and disease.

A large percentage of individuals in Churchill are of aboriginal ancestry. It is important to note however that unlike neighboring Burntwood, there are no First Nation Reserves in the Churchill Region.

Employment in Churchill tends to be seasonal, particularly in the tourism industry and the Port of Churchill. That fact is reflected in an unemployment rate that is higher than the provincial average. The labor force in Churchill has two distinct characteristics with a highly skilled workforce involved in the research, education and health sectors while there are lower skilled positions in tourism and transportation. The Town of Churchill has a small but very robust business sector.

Education, along with income, is one of the main indicators of socio-economic status and an important determinant of health. Access to higher education has improved significantly in recent years, yet our graduation rates are the lowest in the province.

Life's stresses, whether chronic or brought on by major life events, can impact a person's health and immune system. While stress does not directly cause illness, a complex range of factors including genetics, external resources, personal resources and emotional support can increase the risk of illness. Within our region, 16.7 per cent of residents report experiencing "quite a lot" of life stress.

Active living concerns were reflected in the focus group sessions. Participants cited stress and lack of time as key obstacles to why people are not as physically active as they need to be. Lack of recreational facilities was not identified as a determining factor.

Healthy eating is fundamental to good health, healthy human development and reducing the risk of many chronic diseases. The cost and availability of nutritious foods was cited by focus group participants as a real barrier to healthy options in Churchill.

Alcohol and substance abuse is described as prevalent in the community with the resulting negative impact on the physical and mental health of individuals and the detrimental effects on families in terms of domestic violence and the misuse of the families' financial resources.

Smoking is also associated with poor health outcomes. Over one in three residents over age 12 was a "current smoker". Our smoking rates are the highest in the province at 41.3 % indicating a need for increased effort in health promotion to reverse the trend.

Our Performance

Manitoba Health Goal 1 - Optimize health through prevention and health promotion

Board ENDS 1 - The people served by Churchill RHA live in environments conducive to good health

Strategic Goal 2 - Provide enhanced mental wellness services

Corporate Strategy - Provide an integrated Mental Health program encompassing the needs of children, youth, adults, seniors and their families

| Action | Measure |
|--|--|
| Increased staff resources to enhance treatment planning and support informed decision making: <ul style="list-style-type: none">• Enhance their practice skills.• Maximize their use of existing evidence .• Contribute to the evidence through literature evaluation. | # of client and therapist resources and education initiatives # of interagency meetings # of enhanced integrated services # if clients served |
| Increase client and family access, quality services and safety. | Failure Modes Effects Analysis (FMEA) review of one program system. |
| Continue to develop and enhance family inclusion initiatives. <ul style="list-style-type: none">• Establish Crisis Response Team. | Crisis Response team in place. |



Results

- Literature expenditures increased:
2009-2010: Total estimated \$4000.00
2008-2009: Total \$3,150.45
- University of Manitoba Library membership.
All staff aware of free access
- Inclusive of all Community Services programs in weekly meetings to enhance integration and inclusion.
- 2009-2010: 44 interagency meetings out of 52 weeks = 84% - Target Goal 90%.
- Increased community workshops and client outreach resources as well as extended hours.
- We now provide a range of services including support groups, crisis intervention, counselling for women and children, court assistance, men's programs, community education and training and community awareness activities.
- The John Howard Society Anger Management program was initiated.
- Hours of operations for community services were extended from 8:30 - 16:30 to 18:00 hrs.
- Clients Accessing Mental Health and Wellness
2009-2010: 91 MB
2008-2009: 87 MB
- Nunavut increase 17% for 2009 - 2010
2009-2010: 157 NU
2008-2009: 134 NU
- FMEA process completed for Mental Health and Wellness intake and referral system 2009, reviewed 2010.
- Crisis Response Team established 2009.

Challenges / Future Direction

- Increase access to psychiatric and psychological resources.
- The ability to recruit qualified staff with expertise and sensitivity to the issues inherent in Northern populations.
- Program reaching capacity limits at present human and fiscal resource levels.
- The Community Services team (Mental Health, Addiction, Child and Family Services and Probation) is interlinked to mental & physical wellness and reflects the Churchill RHA vision of excellence in Northern health and wellness.
- Continue to integrate the Mental Health program with other social and health Services to better meet the care needs of children, youth, adults, seniors, their families and caregivers.
- Increased NU referrals from Kitikmeot, Qikiqtaaluk, and Kivalliq.
- Make better use of referral resources in Selkirk and Burntwood.

Our Performance

Manitoba Health Goal 1- Optimize health through prevention and health promotion

Board ENDS 1 -The people served by Churchill RHA live in environments conducive to good health

Strategic Goal 3 - Establish Churchill RHA as a centre of excellence in the management of chronic disease

Corporate Strategy - Implement a model that incorporates a multidisciplinary approach to the management of chronic disease

| Action | Measure |
|--|------------------------------------|
| Implement action strategy for the Chronic Disease Management Initiative, as follows: | # of Primary Care Clinic visits |
| <ul style="list-style-type: none">• To improve the self-management skills of people with chronic conditions to optimize their health and well-being. | # of Consultant referrals |
| <ul style="list-style-type: none">• Pursue opportunities to implement an electronic information system to allow all providers across the continuum of care to communicate with each other and monitor care. | # of Diabetics active in treatment |
| <ul style="list-style-type: none">• Provide personal support through the Chronic Disease self-management program. The intent of the program is to help people make choices in their health behaviours to develop positive life-style strategies. | |



Results

- Clinic visits
 - 2009-10: Physiotherapy = 244
 - 2008-09: Physiotherapy = 216
 - 2009-10: Colposcopy = 24
 - 2008-09: Colposcopy = 42
 - 2009-10: Chiropractor = 246
 - 2008-09: Chiropractor = 167
 - 2009-10: Ophthalmology = 113
 - 2008-09: Ophthalmology = 123
 - 2009-10: Orthopaedic = 155
 - 2008-09: Orthopaedic = 194
 - 2009-10: Family Physicians = 4310
Average 17.24 patients per day
 - 2008-09: Family Physicians = 4268
Average 17.07 patients per day
 - 2009-10: Diabetic Program Clients:
52/78 = 67.9% of known diabetics
- Dietician Consults
 - 2009-10: Clients 35
 - 2008- 9: Clients 29
- ENT
 - 2009-10: Clients 42
 - 2008-09: Clients 47

Challenges / Future Direction

- Continue with the Chronic Disease Management (CDM) Initiative. Focus on improving the management of chronic diseases across the continuum of care.
- Client access to a broad range of interventions is restricted by staff capacity to maintain competency in multiple program areas.
- Retention of dietitian services that are sensitive to local Northern food access realities has proved to be difficult.
- In some specialty areas there is a lack of replacement for consultants approaching retirement.
- Monitor participants in the program to evaluate if there is a demonstrated significant improvement in their exercise, cognitive symptom management, communication with physicians, self-reported general health, reduced health distress, increased energy, reduced disability symptoms, and increased social activities.

Our Performance

Manitoba Health Goal 1- Optimize health through prevention and health promotion

Board ENDS 1 - The people served by Churchill RHA live in environments conducive to good health

Strategic Goal 4 - Plan and implement a sustainable health and wellness strategy

Corporate Strategy - Partner with the community to provide public education and promote involvement in activities that enhance personal well being

| Action | Measure |
|--|---|
| Increase healthy lifestyle choices in programming which reflect Northern holistic health. | # of clients contacts |
| Partner with Frontier School Division, Northern Store and Families R Us to present programming in diverse community venues. | # of prevention and health promotion groups |
| Engage in public education to further develop community awareness and participation in healthy choices and reduction in high risk behaviour. | # of health and wellness promotion articles |
| Use the results of the Community Health Assessment to identify priority areas of program focus. | # of intervention presentations |
| | # of Seniors Swimming/aqua-cise activities |
| | # of taxi vouchers issued to access seniors program |
| | # of attendances at LTC Activities |



Results

- Family First
2009-10: Client contacts - 160
2008-09: Client contacts - 16
- Healthy Baby
2009-10: Client contacts - 73
2008-09: Client contacts - 30
Note: Position vacancy during this timeframe
- Seniors Swimming/aqua-cise activities
2009-2010: 103 MB
2008-2009: 107 MB
- Taxi vouchers issued to access seniors program and medical appointments
2009-2010: 1610 MB
2008-2009: 1132 MB
- Senior's Weekly Communal Meal program # of communal meals served
2009-2010: 368 MB
2008-2009: 67 MB
- Tobacco and Alcohol reduction groups:
2009-10: 22 sessions for youth
10 for adults.
2008-09: 38 sessions for youth
10 for adults
- Harm Reduction Presentations
2009-10: 21 sessions for youth
10 for adults
2008-09: 9 sessions for youth
10 for adults
- Hudson Bay Health newsletter publication
2009-10: 80 Health promotion articles
2008-09: 50 Health promotion articles

Challenges / Future Direction

- Continue promoting the "concept" of healthy lifestyle choices for overall health benefits so it is viewed as being accessible, fun, easy, part of the cultural norm. Various media options and venues are continually being accessed for health promotion.
- Accessibility to affordable, quality, healthy food choices is a challenge due to transportation and storage cost.
- Northern staff turnover rates effect programming continuity.
- Stakeholder organizations were supportive of initiatives to promote a sustainable health promotion and wellness strategy.
- The Community Health Assessment was completed. The data confirmed the following target areas: Children, Youth, Families, Inactive Adults, Workplace Wellness, Older Adults, Chronic Disease.
- Continued focus on target groups to enhance healthy choices and reduce health disparity.

Our Performance

Manitoba Health Goal 2 - Improve quality, accessibility and accountability of the health system

Board ENDS 3 - The people of Churchill and Nunavut have optimal access to quality services

Strategic Goal 6 - Enhance community and outreach services

Corporate Strategy - Partner with the community and other agencies to develop, implement and promote sustainable programming

| Action | Measure |
|---|--|
| Continue to implement program objectives based on the Community Health Assessment data which identified and included the following: <ul style="list-style-type: none">• Increase Awareness of Community Resource and Referral Processes.• Enhance Accessibility and Reduce Response Time.• Family Inclusion.• Enhance Outreach Services.• Foster Collaborative Actions. | # of Family Inclusion Assessment on Intake # of Clients Accessing Community Services # of community groups engaged |
| Further develop services that enhance and complement health services. | |

Strategic Goal 9 - Maintain and enhance Primary Care Services

Corporate Strategy - Continue to work with the Northern Medical unit to maintain and improve existing

| Action | Measure |
|---|---|
| Train staff and educate community on our primary care principles: <ol style="list-style-type: none">1) Health promotion through education.2) Public participation in implementation and evaluation.3) Interdisciplinary collaboration and multidisciplinary case management.4) A diversity of accessible services. | # of Primary Care Clinic visits # of Consultant referrals # of dietician education sessions |



Results

- Family Inclusion Assessment on Intake
2009-2010:
Assessments with consent - 79%

2008-2009:
Assessments with consent - 73%
- Clients Accessing Community Services
2009-2010: 254 including NU and MB
2008-2009: 221 including NU and MB
- Crisis Response team was established in 2009
- 2010. Team membership includes a diverse
community cross-section.

Challenges / Future Direction

- A critical component of Outreach is the development of trusting therapeutic relationships which is difficult in an environment of high staff turnover.
- Severe climate and temperature extremes create issues for service access and delivery.
- Continued inclusion of community groups and organizations.
- Continue utilization of the Community Health Assessment to inform programming.

Results

- 2009-10: Family Physicians = 4310
Average 17.24 patients per day
- 2008-09: Family Physicians = 4268
Average 17.07 patients per day
- 2009-10: Diabetic Program Clients:
52/78 = 67.9% of known diabetics
- Dietician education sessions 2009-2010:
21 group sessions

Challenges / Future Direction

- Maintaining consultant services and continuity of physicians.

Our Performance

Manitoba Health Goal 2 - Improve quality, accessibility and accountability of the health system

Board ENDS 3 -The people of Churchill and Nunavut have optimal access to quality services

Strategic Goal 7 - Establish new and enhance existing communication strategies

Corporate Strategy - Review existing strategies and partner with Manitoba Health on provincial initiatives

| Action | Measure |
|--|---|
| Monitor communication strategies that contribute to all aspects of health delivery including: | % of cultural awareness rating |
| <ul style="list-style-type: none">• Health professional-patient relations. | # of health education board postings |
| <ul style="list-style-type: none">• Individuals' adherence to clinical recommendations and regimens. | # of telehealth utilizations |
| <ul style="list-style-type: none">• The construction of public health messages and campaigns, risk communication, sensitivity and inclusion of cultural variances. | # of H1N1 community education presentations |
| <ul style="list-style-type: none">• Monitor indigenous language translations of patient education material. | |



Results

- Cultural Awareness Survey- Community Services
2009-2010: Awareness rating 62% Target 75%
2008-2009: Awareness rating 53% Target 75%
- Health Education Boards
2009-2010: 20
2008-2009: 24
- Bi-monthly Hudson Bay Health Newsletter
- Tele-health Utilization Rates:
2009-2010: Total 146
 - Clinical: 14
 - Tele-visit: 1
 - Education: 90
 - Administration: 40
 - Testing: 1
- 2008-2009: Total 158
 - Clinical: 26
 - Tele-visit: 2
 - Education: 82
 - Administration: 45
 - Other: 3
- H1N1 Communication 2010

10 businesses were provided education

Town hall meeting to provide education

Challenges / Future Direction

- Technology deviations due to geographical isolation.
- Transient population & seasonal community employment.
- Further promote communication strategy.

Our Performance

Manitoba Health Goal 2 - Improve quality, accessibility and accountability of the health system

Board ENDS 3 - The people of Churchill and Nunavut have optimal access to quality services

Strategic Goal 8 - Maintain Acute Care services

Corporate Strategy - Maintain multidisciplinary to maximize our ability to manage complex care needs

| Action | Measure |
|---|--|
| Optimizing acute care capacity and capability. | # of acute care patients |
| Increase capacity to discharge acute patients to family and self care when care can be provided safely in that environment. | # of multidisciplinary meetings per week |
| Adopt clinical care practices to optimize acute care capacity. | # of emergency room patients |
| Increase acute care utilization through joint acute services planning and implementation. | # of dental surgery patients |
| | #of paediatric respiratory illness patients |
| | # of lab tests |
| | # of X-rays |
| | # of Mobile breast screening participants |
| | # of Northern Patient Transportations (NPTP) |



Results

- Acute care patients
2009-2010: 276 including NU and MB
2008-2009: 325 including NU and MB
- Multidisciplinary rounds per week
2009-2010: Twice weekly
2008-2009: Twice weekly
- Emergency room patients
2009-2010: 1667 including NU and MB
2008-2009: 1729 including NU and MB
- Dental surgery patients
2009-2010: 252 including NU and MB
2008-2009: 222 including NU and MB
- Paediatric respiratory illness patients
2009-2010: 20 including NU and MB
2008-2009: 36 including NU and MB
- Utilization of NPTP
2009-2010:
Elective 561 Medevac 25

2008-2009:
Elective 479 Medevac 37
- Utilization of Diagnostic Services

Lab tests
2009-2010: 42,060 MB
2008-2009: 33,973MB
- X-rays
2009-2010: 985 MB
2008-2009: 1397 MB

Mobile breast screening clinic
2009-2010: 47 participants

Challenges / Future Direction

- Ensuring adequate numbers of qualified physician and nursing staff due to Northern shortages.
- Ensuring staff in Nunavut Health Centres are aware of the availability of programs and services in Churchill.
- The Northern Patient Transportation Program is experiencing increased volume pressures due in part to changes in escort requirements.
- Create linkages between the acute care services in the various regions.

Our Performance

Manitoba Health Goal 2 - Improve quality, accessibility and accountability of the health system

Board ENDS 4 - The organization strives to maintain excellence in patient safety and quality care

Strategic Goal 1 - Support and enhance a safe environment for our clients, staff and visitors

Corporate Strategy - Strengthen the safety and risk management culture

| Action | Measure |
|--|--|
| Monitor patient and staff safety initiatives. | % of patient safety brochures |
| Continue with falls prevention strategies in all areas including inpatient and outpatient areas. | % Influenza Immunization rate |
| Continue tracking incident reports in all area. | % of Hospital Acquired Infection rate |
| Train staff and educate the community regarding safety and risk management. | % of staff N95 Mask Fitting |
| Enhance Suicide Prevention strategy. | % of staff completing WHMIS training |
| | % of reconciled client medications |
| | # of Falls for Acute Care Patients/# of Acute Care Days (Fall Rates) = .007% |
| | # of incident report in each areas |
| | # alleged abuse incident reports |
| | # alleged abuse incident reports |
| | # of critical incident reports |



Results

- Safety brochure
2009-2010: 29/256 = 11.5% completion rate
Baseline data
- Safety concerns .
2009-2010: 14/17 = 82% completion rate
Baseline data
- H1N1 Influenza Immunization rate
2009-2010: 628/934 = 67%
- Hospital Acquired Infection rate
2009-2010: infection rate 0%
- N95 Mask Fitting (staff)
2009-2010: completion rate 89/120 = 74%
- Staff WHMIS Training
2009-2010: completion rate 74/92 = 80%
- Reconciled client medications
2009-2010: completion rate 146/648 = 22.53%
- Falls for Acute Care Patients/# of Acute Care Days
2009-2010: Fall Rates = .007%
Baseline data
- Incident Reports
38 of incident report inpatient
19 of incident report pharmacy
32 of incident reports other
- Protection of Person in Care
Alleged abuse incident reports: 0
- Critical Incident reports
2009-2010: 0

Challenges / Future Direction

- Continue with safety brochure outlining safety issues with patient on admission.
- Health and Safety Committee identifies CHRA Inc. safety concerns and requirements for corrective action.
- Staff turnover and training cost and resources.
- Focus future efforts to increase medication reconciliation compliance.
- Continue educating staff on the positive values of reporting and learning from Incident Reports.
- Monitor suicide prevention strategy.

Our Performance

Manitoba Health Goal 2 - Improve quality, accessibility and accountability of the health system

Board ENDS 4 - The organization strives to maintain excellence in patient safety and quality care

Strategic Goal 11 - Enhance and evaluate quality improvement initiatives

Corporate Strategy - Review and strengthen the Quality Improvement Program

| Action | Measure |
|--|---|
| Integrate safety and quality improvement framework as one component of a strategic approach to improving the safety and quality of patient care across five domains: | # of Monthly QI report to the Board |
| <ul style="list-style-type: none">Establish a safety and quality framework. | # of Monthly QI report to the CEO |
| <ul style="list-style-type: none">Provide improved access to better data. | # of Infection control education sessions |
| <ul style="list-style-type: none">Involve consumers in improving safety and quality. | # of FEMA Analysis |
| <ul style="list-style-type: none">Educate on safety and quality respond to known problem and risks. | # of QI satisfaction mail outs |
| <ul style="list-style-type: none"> | # of publications |



Results

Performance monitoring and data collection;

- Monthly QI report to the Board-12.
- Monthly QI report to the CEO-12.
- Monthly medication reconciliation results and progression-12.
- Infection Control education and rates shared with staff and general public.
- Annual FMEA process-completed.
- Patient Safety reporting and review.
- Quarterly QI mail-in survey. (public)
- Community QI communication and education through bi-monthly Hudson Bay Health newsletter

Challenges / Future Direction

- Internal and external conditions rapidly change in rural regions due to staff turnover and limited resources.
- Limited standardized tracking systems and provincial wide measurable outcome tools.
- Comparative analysis data issues due to population size.
- Continue to develop indicators and monitoring tools to measure service and system Competency.
- Utilizing Accreditation Canada Standards and Required Operating Practices (ROP) as a model of continuous improvement, while working toward leading practices.

Our Performance

Manitoba Health Goal 3 - Achieve a sustainable health system

Board ENDS 2 - The organization strives to maintain a stable human resource base

Strategic Goal 5 - Create and maintain a dynamic recruitment and retention environment

Corporate Strategy - Enhance recruitment and retention to ensure adequate numbers of qualified staff to provide quality care

| Action | Measure |
|--|--|
| Adherence to our quality recruitment and retention process to ensure competency, skills and prolonged retention. | % of completed staff satisfaction surveys |
| | % of completed staff exit interviews |
| Continue mapping of turnover within departments and the wider organization. | % of completed performance appraisal |
| Enhance recruitment strategy. | # of recruitment and retention team events |
| Enhance retention strategy. | # of employee of the Month |
| | # of staff health clinic sessions |
| | % of local hires |
| | % of Aboriginal hires |



Results

- Annual staff satisfaction surveys
2009-2010: completion rate 28%
2008-2009: completion rate 33%
- Staff exit interviews
2009-2010: completion rate 21/39 = 54%
2008-2009: completion rate 7/41 = 17%
- Staff health clinics
2009-2010: 3 sessions
- Local hires
2009-2010: 20 out of 39 employees rate 51%
2008-2009: 16 out of 26 employees rate 61%
- Aboriginal hires
2009-2010: 16 out of 39 new hires= 41%
2008-2009: 10 out of 26 new hires=39%
- Annual Long Term Service Awards Event
- Performance appraisal
2009-2010: completion rate 42%
2008-2009: completion rate 69%
- Recruitment and Retention Team events
2009-2010: 15
- Employee of the Month Award Initiated
2009-2010: 11
- Bright Ideas - Staff awards initiated
2009-2010: 2

Challenges / Future Direction

- The North is historically a difficult recruitment and retention environment and a community lacking road access even more so. Added to that reality are shortages of trained professional staff in many health disciplines.
- Wage freeze for out of scope positions creates difficulty maintaining a strong management team.
- Significant wage and benefit disparities exist between Churchill and comparable Northern isolated regions.
- Continue monitoring recruitment and retention strategy.

Our Performance

Manitoba Health Goal 3 - Achieve a sustainable health system

Board ENDS 2 - The organization strives to maintain a stable human resource base

Strategic Goal 10 - Develop and support an education strategy for staff

Corporate Strategy - Create a supportive learning environment to enable staff to achieve their potential

| Action | Measure |
|---|---|
| Focus on strengthening local hires with additional training through return of service agreements and community partnerships. | % of orientation sessions |
| Increase employment satisfaction and quality. | # of orientation sessions participants |
| Continue reinforcing Education Action Plan which was implemented in December 2009. | # of education sessions per month |
| Monitor tracking system of staff education initiatives and provides data to inform decision making. | # of staff participating in higher learning |
| Increase partnerships with colleges and universities to support our Education Strategy to incorporate a distinctly Northern perspective into college programming, services. | |



Results

- Orientation sessions
2009-2010: 4/5 Completion rate 80%
target 100%

2008-2009: 4/5 Completion rate 80%
target 100%
- Orientation session participants
2009-2010: 4 orientations 36 participants
2008-2009: 4 orientations 28 participants
- Education sessions per month
2009-2010: 11 education sessions monthly
2008-2009: 8 education sessions monthly
- Staff participating in higher learning
2009-2010: 3
2008-2009: 1
- Staff education sessions increased
2009-2010: 13.75%
- Student placements from a variety of high
learning institutions - 9

Challenges / Future Direction

- Isolation increases recruitment, retention and training cost.
- Diversity of educational needs .Strengthening staff skill sets and broadening local capacity.
- Continue to monitor staff participation in training.
- Increase opportunities for the local community members to advance health care education choices and employment advancement.

Auditors' Report

Auditors' Report on Summarized Financial Statements

To the Board of Directors of
Churchill RHA Inc.

The accompanying summarized statement of financial position and summarized statements of operations, changes in net assets and cash flows are derived from the complete financial statements of Churchill RHA Inc. as at March 31, 2010, and for the year then ended on which we expressed an opinion without reservation in our report dated May 19, 2010. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying summarized financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

BDO Canada LLP

Chartered Accountants

Portage la Prairie, Manitoba
May 19, 2010

Auditors' Report

Churchill RHA Inc. Summarized Statement of Financial Position

| March 31 | 2010 | 2009 |
|---|---------------------|---------------------|
| Assets | | |
| Current Assets | | |
| Cash and bank | \$ 1,655,223 | \$ 2,488,320 |
| Accounts receivable | 250,085 | 233,550 |
| Due from Manitoba Health and Healthy Living | 228,248 | 81,867 |
| Inventory | 379,928 | 379,752 |
| Goods and Services Tax recoverable | 31,896 | 25,053 |
| Prepaid expenses | 53,438 | 63,304 |
| Accounts receivable - Province of Manitoba | 282,239 | 282,239 |
| | <u>2,881,057</u> | <u>3,554,985</u> |
| Capital Assets | 3,165,114 | 3,432,031 |
| Accounts Receivable - Province of Manitoba | <u>197,540</u> | <u>197,540</u> |
| | <u>\$ 6,243,711</u> | <u>\$ 7,184,556</u> |

Liabilities and Surplus (Deficiency) in Net Assets

| | | |
|---|---------------------|---------------------|
| Current Liabilities | | |
| Accounts payable and accrued liabilities | \$ 1,064,221 | \$ 888,189 |
| Accounts payable - capital | 298 | 10,082 |
| Due to Manitoba Health and Healthy Living | 540,250 | 1,744,300 |
| Security and other deposits | 48,999 | 81,003 |
| Vacation, overtime and statutory holiday pay payable | 418,883 | 405,810 |
| Current portion of capital lease obligations | 7,470 | 6,660 |
| | <u>2,080,121</u> | <u>3,136,424</u> |
| Capital Lease Obligations | 16,326 | 24,190 |
| Pre-retirement Entitlements | 328,731 | 254,096 |
| Deferred Contributions Related to Capital Assets | 3,127,199 | 3,401,181 |
| | <u>6,552,377</u> | <u>6,815,891</u> |
| Surplus (Deficiency) in Net Assets | | |
| Net assets invested in capital assets | 14,119 | - |
| Externally restricted - separately funded programs | (138,732) | (210,045) |
| Unrestricted | <u>816,947</u> | <u>578,710</u> |
| | <u>691,334</u> | <u>368,665</u> |
| | <u>\$ 6,243,711</u> | <u>\$ 7,184,556</u> |

On behalf of the Board:

 Director

 Director

Churchill RHA Inc.
Summarized Statement of Changes in Net Assets

| For the year ended March 31 | | | | 2010 | 2009 |
|--|----------------------------------|----------------------------------|--------------|------------|------------|
| | Invested in Capital Assets | Separately Funded Programs | Unrestricted | Total | Total |
| Balance, beginning of year | \$ - | \$ (210,045) | \$ 578,710 | \$ 368,665 | \$ 239,145 |
| Excess (deficiency) of revenue over expenses for the year | (13,776) | 70,313 | 266,132 | 322,669 | 129,520 |
| Net asset transfer | 27,895 | - | (27,895) | - | - |
| Balance, end of year | \$ 14,119 | \$ (139,732) | \$ 816,947 | \$ 691,334 | \$ 368,665 |

Auditors' Report

Churchill RHA Inc. Summarized Statement of Operations

| For the year ended March 31 | 2010 | 2009 |
|--|-------------------|-------------------|
| Revenue | | |
| Manitoba Health and Healthy Living funded programs | | |
| Hospital | \$ 7,620,021 | \$ 7,205,206 |
| Diagnostic Services | 796,868 | 777,364 |
| Dental Clinic | 138,633 | 137,780 |
| Community Services | 1,207,728 | 1,085,320 |
| Northern Patient Transportation Program | 1,093,560 | 1,052,491 |
| Land Ambulance | 326,232 | 329,223 |
| Home Care | 170,256 | 140,304 |
| Amortization of deferred contributions | 399,194 | 394,837 |
| Offset income | 849,538 | 846,632 |
| | <u>12,592,026</u> | <u>11,969,137</u> |
| Separately funded programs | | |
| Churchill Child and Family Services | 653,186 | 499,837 |
| Receiving Home | 391,726 | 319,575 |
| Nunavut Services | 52,570 | 55,440 |
| Families 'R' Us, Baby First and Healthy Baby programs | 172,100 | 166,000 |
| | <u>1,269,582</u> | <u>1,040,852</u> |
| Ancillary income, net | <u>44,284</u> | <u>35,089</u> |
| | <u>1,313,866</u> | <u>1,075,941</u> |
| | <u>13,905,892</u> | <u>13,045,078</u> |
| Expenses | | |
| Manitoba Health and Healthy Living funded programs | | |
| Hospital | 7,356,459 | 7,022,026 |
| Diagnostic Services | 861,254 | 706,024 |
| Dental Clinic | 167,128 | 155,614 |
| Community Services | 969,665 | 942,518 |
| Addictions Program | 99,071 | 94,166 |
| Northern Patient Transportation Program | 1,310,289 | 1,124,247 |
| Land Ambulance | 406,184 | 377,798 |
| Home Care | 136,100 | 118,397 |
| Amortization | 402,970 | 411,331 |
| Directors' fees and expenses | 45,183 | 49,802 |
| Employee future benefits | 74,156 | 24,892 |
| Interest and bank charges (recovery) | (6,812) | (2,330) |
| Interest on obligations under capital lease | 1,590 | 1,983 |
| | <u>11,843,227</u> | <u>11,026,557</u> |
| Separately funded programs | | |
| Churchill Child and Family Services | 619,130 | 563,706 |
| Receiving Home | 348,222 | 302,348 |
| Nunavut Services | 43,467 | 41,705 |
| Families 'R' Us, Baby First and Healthy Baby programs (schedule 4) | 188,450 | 233,965 |
| | <u>1,199,269</u> | <u>1,141,724</u> |
| | <u>13,042,496</u> | <u>12,168,281</u> |
| Excess of revenue over expenses before other expense | 863,396 | 876,797 |
| Other expense | | |
| Surplus repayable to Manitoba Health and Healthy Living | <u>(540,727)</u> | <u>(747,277)</u> |
| Excess of revenue over expenses for the year | <u>\$ 322,669</u> | <u>\$ 129,520</u> |

Auditors' Report

Churchill RHA Inc. Summarized Statement of Cash Flows

| For the year ended March 31 | 2010 | 2009 |
|--|---------------------|---------------------|
| Cash Flows provided by (used in) Operating Activities | | |
| Excess of revenue over expenses for the year | \$ 322,689 | \$ 129,520 |
| Adjustments for | | |
| Amortization of capital assets | 402,970 | 411,331 |
| Loss on disposal of capital assets | 6,690 | - |
| Amortization of deferred contributions | (389,194) | (394,837) |
| Deferred contribution reduction - disposed capital assets | (2,396) | - |
| | <u>340,739</u> | <u>146,014</u> |
| Net change in non-cash operating working capital: | | |
| Accounts receivable | (16,535) | 3,710 |
| Due from Manitoba Health and Healthy Living | (1,350,431) | (230,983) |
| Inventory | (176) | (32,177) |
| Goods and Service Tax recoverable | (5,943) | 16,687 |
| Prepaid expenses | 9,866 | 4,075 |
| Accounts payable and accrued liabilities | 176,052 | 99,243 |
| Security and other deposits | (32,604) | 67,986 |
| Vacation, overtime and statutory holiday pay payable | 13,273 | 64,994 |
| | <u>(1,206,498)</u> | <u>(4,465)</u> |
| Increase in pre-retirement entitlement | <u>74,635</u> | <u>24,892</u> |
| | <u>(1,131,883)</u> | <u>20,427</u> |
| | <u>(791,124)</u> | <u>166,441</u> |
| Cash Flows provided by (used in) Investing and Financing Activities | | |
| Purchase of capital assets | (142,742) | (103,051) |
| Payments on capital lease obligations | (7,054) | (8,160) |
| Receipt of contributions related to capital assets | 117,607 | 124,538 |
| Decrease in accounts payable - capital | (9,784) | (15,426) |
| | <u>(41,973)</u> | <u>(2,099)</u> |
| Increase (decrease) in cash, during the year | <u>(833,097)</u> | <u>164,342</u> |
| Cash and bank, beginning of year | <u>2,488,320</u> | <u>2,323,978</u> |
| Cash and bank, end of year | <u>\$ 1,655,223</u> | <u>\$ 2,488,320</u> |

Public Sector Compensation Disclosure

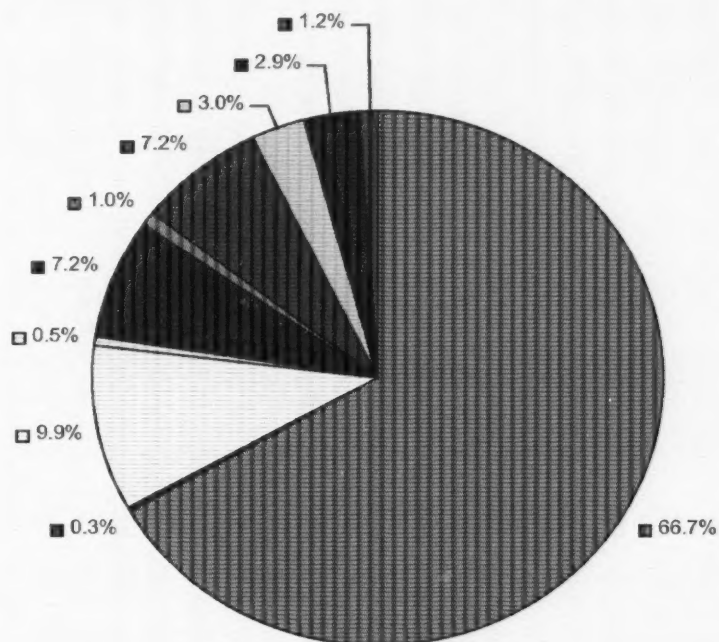
The complete Financial Statements and Auditor's Report are available from the Churchill Regional Health Authority upon request.

In compliance with the Public Sector Compensation Disclosure Act of Manitoba, the Churchill RHA has available, in a statement prepared for the purpose and certified by its auditor to be correct, the amount of compensation it pays or provides in the corresponding fiscal year for each of its officers and employees whose compensation is \$50,000.00 or more. This information is available on request through The Freedom of Information and Protection of Privacy Act by contacting the Churchill RHA Privacy Officer.

Administrative Cost Disclosure

| | 2009/10 | 2008/09 (Restated) |
|------------------------------------|---------|--------------------|
| Administrative cost (% of total): | 10.99% | 11.44% |
| Corporate operations (% of total): | 8.69% | 10.18% |
| HR related functions (% of total): | 2.30% | 11.48% |

Funding Allocation per Department



| | | | | |
|-------------|--------------|------------------|-----------------|----------------------|
| ■ Hospital | ■ Diabetes | □ NPT | □ LTC Strategy | ■ Community Services |
| ■ Home Care | ■ Diagnostic | ■ Land Ambulance | ■ Mental Health | ■ Dental Clinic |

Bill 34 – This Public Interest Disclosure (*Whistleblower Protection*) Act

The *Public Interest Disclosure (Whistleblower Protection) Act* came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health and Healthy Living for fiscal year 2009 – 2010:

| Information Required Annually (per Section 18 of The Act) | Fiscal Year 2009 – 2010 |
|--|---|
| The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i> | No disclosure was received. |
| The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i> | No investigation was commenced under the Act. |
| In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. <i>Subsection 18(2)(c)</i> | No investigation was commenced under the Act. |

Programs & Services Contact Numbers

Manager of Patient Care
675-8383

Primary Care Clinic
675-8316

Emergency Medical Services (non-urgent)
675-8356

Kivalliq Liaison Nurse Manager
675-8313
Inuit Interpreters
675-8320

Home Care
675-8355

Public Health
675-8327

Dietitian 675-8322

Addiction Services
675-8322

Community Wellness Services
675-8322

Child & Family Services
675-8322
After hours
675-8300

Probation Officer
675-8388

Pharmacy
675-8331

Diabetes Education Program
675-8360

Telehealth Coordinator
675-8324

Children's Centre
675-8310

Diagnostics Services
Lab: 675-8315
X-ray: 675-8304

Dental Services
675-8302

Physiotherapist, Chiropractor & Massage Therapy
675-8316

Health Information Services & General Information
675-8881

AMBULANCE
Emergency Medical Services
204 675-8880

Reference:

There are many data sources utilized in this Annual Report with the majority provided by internal department tracking systems and quality control initiatives, as well as, data provided by various departments within Manitoba Health.

Churchill RHA Inc. Regional Health Authority

Executive Office
P.O. Box 2500
162 Laverendrye Street
Churchill, MB R0B 0E0

Telephone: (204) 675-8318
Fax: (204) 675-2243
Website: www.churchillrha.com

*Feedback on the CRHA Annual Report is Welcome
Please call 675-8318*

